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CONFIRMATION NO. 3232

<b>SERIAL NUMBER</b> 10/537,439	<b>FILING OR 371(c) DATE</b> 06/16/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> 026220-00066
<b>APPLICANTS</b> Ennio Ongini, Segrate, ITALY; Nicoletta Almirante, Milano, ITALY; Piero Del Soldato, Monza, ITALY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/50932 12/03/2003				
<b>** FOREIGN APPLICATIONS *****</b> ITALY MI2002A002658 12/17/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/24/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Shawna of am SY</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 4372				
<b>TITLE</b> Drugs for chronic pain				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	